

Memorandum

To : PERSONNEL OPERATIONS STAFF

Date : September 11, 1997

File No. : TPM 96-16A

From : DEPARTMENT OF TRANSPORTATION
OFFICE OF PERSONNEL OPERATIONS

Subject: Transactions Procedure Memorandum #96-16A
Bilingual Pay Procedures

This is to replace the attachment to this memorandum. The Bilingual Pay Procedures issued on May 17, 1996 is replaced with those revised June 1997.

If you have any question regarding this procedure, you may contact Kathie Scriven at 227-7838.



JANICE R. DIAS, Chief
Quality Assurance and Procedures Branch

Attachment

c: Regional Administrative Officers

BILINGUAL PAY PROCEDURES

Revised June 1997

Note: Bilingual pay is related to the specific position requiring bilingual skills and not to the person in the position. Supervisors are responsible for instituting or terminating bilingual pay as appropriate. Procedures for terminating bilingual pay are on Page 2.

INSTITUTING BILINGUAL PAY

<u>RESPONSIBILITY</u>	<u>STEPS</u>
Employee.....	Uses bilingual skills 10% or more of total work time.
Supervisor.....	Has (1) a vacant bilingual pay position or (2) an employee who is using bilingual skills on the job at least 10% of the time, or (3) is changing classification to a position where bilingual skills are needed, or (4) did not pass the bilingual fluency exam six months previous and needs to be re-tested. Initiates PARF/ASR process through OPO Analyst or District Personnel Liaison (DPL). DPL gets PARF/ASR number from District Resource Manager or Budget Officer.
OPO Analyst/DPL.....	Contacts Bilingual Pay Coordinator (BPC) in the Administrative Service Center Examination & Certification Unit for guidance on bilingual pay authorization forms and process.
Examinations BPC.....	Provides OPO Analyst/DPL with packet consisting of Bilingual Pay Procedures, Bilingual Pay Authorization Form AA-0003, (attached) and Std. 678 application for fluency examination to forward to Supervisor.
Supervisor.....	Provides application and Bilingual Survey form to employee and reviews the instructions for completing the survey with the employee. Employee should be instructed <u>not to use one representative day and copy it for the rest of the survey.</u>
Employee.....	Uses the Bilingual Survey Form (part of AA-0003) to survey work time related to the use of bilingual skills for two consecutive weeks. <u>An individual record of each day of the survey must be reported.</u> Gives completed survey form and application to supervisor. <u>Note: Employees will not receive Bilingual Pay until they have passed a fluency examination.</u>
Supervisor.....	If survey shows bilingual skills are used at least 10% of employee's time, indicate approval by signing the Bilingual Pay Authorization Form; attach PARF/ASR and completed application and forward package to the OPO Analyst/DPL.

(Continued next page)

INSTITUTING BILINGUAL PAY, CONT'D.

<u>RESPONSIBILITY</u>	<u>STEPS</u>
OPO Analyst/DPL	Checks Bilingual Pay Authorization (BPA) form for supervisor's approval and signature. Checks PARF/ASR; if complete, retains PARF/ASR and forwards BPA and application to Exams BPC.
Examinations BPC.....	<p>If employee has <u>already passed</u> the Bilingual Fluency exam, the BPC will verify the date of examination and sign the BPA form. The effective date will be the date the supervisor signed the authorization form. The BPC will retain the application and return the signed BPA form to the OPO Analyst/DPL.</p> <p>If the employee has <u>not</u> taken the Bilingual Fluency exam, the BPC will arrange for the fluency examination to be given to the employee in the District where they work. If the employee passes the exam, the BPC will retain the application; sign the BPA form and enter the effective date (date employee passed the examination) and forward to the OPO Analyst/DPL.</p> <p>If employee does not pass the exam, the BPC will retain the application; note "Did Not Pass Exam" on the BPA and return it to the OPO Analyst/DPL. Employees may take the exam only once every six months. After the six months has passed, the supervisor will need to prepare a new package for the OPO Analyst/DPL.</p> <p><u>Note:</u> Bilingual testing for fluency in languages (including sign languages) other than Spanish can also be arranged by the Exam Unit on an as-needed basis.</p>
OPO Analyst/DPL	Forwards package to Transactions to institute Bilingual Pay.
Transactions.....	Processes PARF; ensures that position has a "5XX" serial number, institutes Bilingual Pay for employee and files original documents in the employee's (OPF) Official Personnel File.

TERMINATING BILINGUAL PAY

<u>RESPONSIBILITY</u>	<u>STEPS</u>
Supervisor.....	<p>Duties of a position receiving bilingual pay are reduced to below 10% of total work time, or employee transfers to another position, unit, or classification.</p> <p>Prepares PARF/ASR terminating bilingual pay and forwards to Transactions Position Control.</p>
Transactions.....	Processes PARF; files original documents in the employee's (OPF) Official Personnel File.

INSTRUCTIONS

These instructions should be used as an aid in completing the Bilingual Pay Authorization Form. If forms are filled out accurately and completely, the time required to process them will be shortened and eligible employees will receive bilingual compensation in a timely manner.

1. Item Number 6 - Language Used

The language used by the employee must be entered using the two-digit language codes listed below.

01 ARABIC	11 JAPANESE	19 GREEK	27 RUSSIAN
02 ARMENIAN	12 KOREAN	20 HEBREW	28 SAMOAN
04 CANTONESE	13 PORTUGUESE	21 INDIAN	29 SERBO-CROATIAN
05 MANDARIN	14 PUNJABI	22 ITALIAN	30 THAI
07 TAGALOG	15 DACTYLOLOGY (Sign, Braille)	23 LAOTIAN	31 HMONG
08 FRENCH	16 SPANISH	24 PAKISTANI	32 OTHER
09 GERMAN	17 VIETNAMESE	25 PERSIAN (Farsi)	
10 HINDUSTANI	18 CAMBODIAN	26 POLISH	

2. Item Number 9 - Date Employee Passed State Bilingual Fluency Examination

a. The employee is required to pass the fluency examination before this form is submitted to the Multilingual Program Office. Employees are encouraged to be scheduled for testing as soon as the position is identified as meeting the Bilingual Salary Program criteria.

1. Approval of a Bilingual Pay Authorization Form will not be granted prior to the employee's successful completion of the bilingual fluency examination.

b. In the event an employee participates in the fluency examination and is not successful, the employee may not participate in the fluency examination for another 6 months. The date on which the employee passes the subsequent examination will be the earliest effective date for bilingual compensation.

3. Item Number 11 - Reason for Request

a. *Reclassification*

This category would be appropriate if the employee is already receiving bilingual pay and has a change in classification.

Example: Office Assistant I to Office Assistant II

Completion of items 1 through 15 is necessary for processing this type of request. If item 11 indicates a change in bilingual duties as a result of this reclassification, an explanation of this change must be shown in the space provided for item 12.

b. *New Position*

If this is a new position for which bilingual pay has never been requested, the entire Bilingual Pay Authorization form must be completed.

c. *Refilling a Vacant Position*

This category would apply if this is a position for which bilingual pay has previously been approved. Complete items 1 through 15. If bilingual duties have changed, provide an explanation in the space provided for item 12.

d. *Termination of Bilingual Pay for this Employee*

If the purpose of this form is to terminate bilingual pay for this employee, (an action that should take place whenever an employee ceases to meet the bilingual criteria or vacates the approved position,) complete items 1 through 8, 10, 11, and 15.

e. *Removal of this Position from Bilingual Pay Status*

This type of action should take place when the clientele of this location is lowered to such a degree that the bilingual criteria can no longer be met. Complete items 1, 2, 4, 6 through 8, 11, 13, and 15.

f. *Change in Incumbent's Assigned Duties or Case Load*

If a change in the incumbent's assigned duties or case load takes place, complete pages 1 and 2 of the Bilingual Pay Authorization Form.

Item Number 13 - Business Address of Employee

a. Indicate the exact office or unit title as well as the district in which the employee actually works.

b. For completion by the Departmental Bilingual Pay Coordinator.

c. Indicate the street address, city and zip code for the office in which the employee works.

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 8, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

1. DISTRICT/DIVISION		2. POSITION NUMBER:	Agency Code	Unit Code	Classification Code	Serial
3. EMPLOYEE'S NAME: LAST		FIRST				MID INITIAL
4. CLASS TITLE		5. SOCIAL SECURITY NO.			6. LANGUAGE USED	
7. TENURE <input type="checkbox"/> PERMANENT <input type="checkbox"/> LIMITED TERM		8. TIME BASE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INTERMITTENT				
9. DATE EMPLOYEE PASSED STATE FLUENCY EXAMINATION:		10. DATE EMPLOYEE ORIGINALLY ASSUMED BILINGUAL DUTIES WHICH MET BILINGUAL SALARY PROGRAM CRITERIA (10% of work time):				

11. REASON FOR REQUEST:	<input type="checkbox"/> RECLASSIFICATION ARE BILINGUAL DUTIES SUBSTANTIALLY UNCHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, describe the change in Item 12A, Employee Duties)	Please indicate old class and effective date of reclassification:
	<input type="checkbox"/> NEW BILINGUAL POSITION	
	<input type="checkbox"/> FILLING BILINGUAL VACANT POSITION HAVE THE BILINGUAL DUTIES FOR THIS POSITION CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO (Describe the change in Item 12A, Employee Duties)	
	<input type="checkbox"/> TERMINATION OF BILINGUAL PAY FOR THIS EMPLOYEE	Please indicate Effective Date of Termination of Pay:
	<input type="checkbox"/> REMOVAL OF THIS POSITION FROM BILINGUAL PAY STATUS	Please indicate Effective Date of Removal of Bilingual Pay Status:
	<input type="checkbox"/> TRANSFER OF EMPLOYEE TO ANOTHER BILINGUAL POSITION	Please indicate Effective Date of Change:

12 A. EMPLOYEE DUTIES (Provide a brief description of the employee's duties pertaining to the use of bilingual skill and attach a copy of the most recent duty statement.)

B. WHAT PERCENTAGE OF THE EMPLOYEE'S WORK TIME IS SPENT USING BILINGUAL SKILL?	
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13 A. EMPLOYEE'S UNIT NO. AND DISTRICT NO.:	
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C. BUSINESS ADDRESS (List Street address, City, Zip Code)	
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THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT.

14 A. SIGNATURE OF EMPLOYEE	B. BUSINESS PHONE NO.	C. DATE
D. SIGNATURE OF IMMEDIATE SUPERVISOR	E. BUSINESS PHONE NO.	F. DATE

MULTILINGUAL PROGRAM COORDINATOR APPROVAL

15 A. SIGNATURE OF COORDINATOR	B. BUSINESS PHONE NO.	C. EFFECTIVE DATE OF PAY/TERMINATION	D. DATE
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PERSONNEL 025010

BILINGUAL PAY AUTHORIZATION

AA-0003 (REV. 5/92)

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17. BILINGUAL JUSTIFICATION

In order to justify a bilingual paid position, an employee must use their bilingual skills for at least 10 percent of the time spent performing their duties. Positions must be in a setting where there is a clear demonstration of client and/or correspondence service in which bilingual skills are needed. Bilingual skills may be used to meet the needs of the public or performing interpretation, translation, or other specialized bilingual tasks for the department and its clients.

A. GIVE A BRIEF DEFINITION OF THE PROGRAM OR OFFICE IN WHICH THIS EMPLOYEE WORKS

Language Usage Survey: Please see back page for instructions.

DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTALS
WEEK #1						
From:						MINUTES
To:						HOURS WORKED THIS WEEK
WEEK #2						
From:						MINUTES
To:						HOURS WORKED THIS WEEK

FM 93 1024

EMPLOYEE'S INITIALS _____

SUPERVISOR'S INITIALS _____

INSTRUCTIONS FOR COMPLETING THE LANGUAGE USAGE SURVEY TALLY FORM

WHO SHOULD PARTICIPATE IN THE SURVEY?

Bilingual employees who work in public contact positions. These include:

- Bilingual employees who have not taken the bilingual fluency examination and wish to receive bilingual pay.
- Bilingual employees who are receiving bilingual pay and have not surveyed for 2 years.
- Certified bilingual employees who wish to receive bilingual pay.

MULTILINGUAL EMPLOYEES

If you speak more than one foreign language, you should use the same tally form for both languages.

SURVEY PERIOD

The survey must be conducted during a two-week period.

HOW TO TALLY THE CONTACTS

- Tally all contacts made in the non-English language including face to face, written and telephone contacts. If you translate any document from English into a foreign language or vice-versa, record it as one contact.
- All non-English contacts must be tallied immediately after each transaction. Do not attempt to catch up. If you provided bilingual service at more than one work station, use the same tally form.
- All time off must be recorded (see example below). Print weekly totals in the right-hand column. Additional sheets may be used if more space is required corresponding to the date noted.

Example 1: You are out sick; draw a diagonal line through the boxes of the day you are absent (see Thursday's sample).

Example 2: You take two hours off for a doctor appointment; write "two hours off" in either box of the day you are absent (see Friday's sample).

- All tallies must be placed within the appropriate box.
- Time spent for each contact must be recorded IN MINUTES (see below).
- Your supervisor must initial the tally form along w/signing on page 2, 14D.

Example:

DATE	MONDAY	TUES-	WEDNES-	THURS-	FRIDAY	TOTALS
WEEK #1						
From:	2, 5, 1, 3, 4,	4, 6, 4, 1, 4	10, 2, 1, 5, 3	Off 8 hrs.	2, 4, 8	80
1 - 9 - 90	3, 6, 2				2 hrs. off	MINUTES
To:						30
1 - 13 - 90						HOURSWORKED THIS WEEK